FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	Smith, Adrian, , , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number				
	3321 Avenue I		ieck ii addre	ss changed		H6NE03115	itilication number			
	(c) City, State, and ZIP Code					3. Is This No				
	Scottsbluff		NE	6936	1-4586	Statement (N) OR (A)			
4.	Party Affiliation	5. Office Soug	nt			rict of Candidate				
	REPUBLICAN PARTY	House			NE	03				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)									
	NOTE: This designation should be filed with the appropriate office listed in the instructions.									
	(a) Name of Committee (in full)									
	Adrian Smith for Congress									
	(b) Address (number and street)									
	3321 Avenue I									
	Suite 6									
	(c) City, State, and ZIP Code									
	Scottsbluff				NE	69361-4587				
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.										
	NOTE: This designation should be filed with the principal campaign committee.									
(a) Name of Committee (in full) Nebraska Joint Victory Fund										
	(b) Address (number and street)									
	228 S Washington Street									
	Suite 115 (c) City, State, and ZIP Code									
	Alexandria				VA	22314-5404				
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.										
Si	Signature of Candidate Date									
Sn	nith, Adrian, , ,			[Elec	tronically Filed]	01/23/2017				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										

FEC FORM 2 (REV. 02/2009)

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2N Transaction ID :

Form/Schedule: Transaction ID:

FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 3 /
DESIGNATION	ON OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ch is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE: This designation should be filed with the	ne principal campaign committee.	
(a) Name of Committee (in full) Adrian Smith Victory Fund		
(b) Address (number and street) 228 S Washington St Ste 115		
(c) City, State and ZIP Code		
Alexandria	VA 22314-5404	
DESIGNATI	ION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ich is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed with the	he principal campaign committee.	
(a) Name of Committee (in full)		
RISE PROJECT		
(b) Address (number and street) PO Box 2485		
(c) City, State and ZIP Code		
Springfield	VA 22152-0485	
DESIGNATI	ION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which candidacy.	ich is NOT my principal campaign committee, to receive and expend funds o	n behalf of my
NOTE:This designation should be filed with the	he principal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		